

ALL INFORMATION ON THIS FORM IS MANDATORY.



PILOT EXPERIENCE FORM

Name of Insured:
PILOT'S FULL LEGAL NAME:
Street Address:
City, State and Zip Code:
Phone No. (Work):
(Home):
Email Address:
Cell Phone:
Date of Birth:
Marital Status: # of Children:
Occupation:
Employer and Duration:
Airman's Certificate No.:
Auto Driver's Lic. No.: State:

CERTIFICATES and RATINGS
Student Private Commercial ATP Instructor Airplane SES Other (Specify):
Instrument Rating Multi-Engine Land Helicopter Glider Balloon Airplane MES
Type Ratings:
IPC Checkout Date:
Medical Date:
Medical Class:
Last BFR Date:
Coverage may be invalidated if the pilot of the insured aircraft does not comply with medical certificates and pilot proficiency regulations as mandated by the FAA and/or your insurance company.

TOTAL LOGGED PILOT HOURS

TOTAL TIME:
Total PIC Time:
Single Engine Fixed Tri-Gear:
Single Engine Retr. Gear:
Conventional Gear (Tail Dragger):
Twin Engine Under 12,500# Gross:
Twin Engine Over 12,500# Gross:
Airplane Single Engine Sea:
Airplane Multi-Engine Sea:
Total Turbine Prop:
Total PIC Turbine Jet: SIC:
Helicopter-Reciprocating Engine:
Helicopter - Turbine Powered:
Total Hours in Last 90 Days:
Total Hours in Last 12 Months:
Instrument Flying Total:
Actual:
Simulated:

APPLICANT REQUESTS APPROVAL in the FOLLOWING MAKE & MODEL of AIRCRAFT

Make/Model of Aircraft to be Insured:
Total Logged Pilot Hours in This Make/Model: (see below)
Is Annual Training received in this Aircraft?
If Yes, Please specify: SimCom, FSI, Ann. Flight Review (Copy of Cert.)
No Yes Where? Date:
No Yes Where? Date:

*****Number of Hours in the make and model to be Insured within the past 12 months? *****

PLEASE EXPLAIN ANY "YES" ANSWERS ON THE REVERSE SIDE.

- 1) Do you hold a current FSI Pro Card or Simuflite Card?
2) Do you Participate in FAA Pilot Proficiency Award Program?
If yes, Check the highest Phase completed: I II III IV V
For what type of aircraft:
3) Please list Refresher/Transition Courses on Reverse Side. Describe and give dates of last course attended.
4) Are you flying under a waiver?
5) Have you ever been penalized for an FAR violation?
6) Have you ever had an Aircraft Accident/Incident or Violation?
7) Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?
8) Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?
9) Has your driver's license ever been suspended or revoked?
10) Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?

I WARRANT the truth of the above statements and further WARRANT that no material information has been withheld or suppressed.

Date: Pilot's Signature:

FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

Please Complete, Sign and Return Original to Regions Insurance, Inc.
Shannon Francis Direct Fax 601-326-4767 or 601-790-8558
Email: Shannon.francis@regions.com